

1. CIR./DIST./ DIV. CODE EDNY	2. PERSON REPRESENTED KARL JORDAN, JR.		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 20-cr-305-LDH-1	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER BROOKLYN OFFICE
7. IN CASE/MATTER OF (Case Name) USA v. Jordan, et al		8. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Appellant	9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D4 Other (Specify) _____ <input checked="" type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency	
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21:848(e)(1)(A); 18:2 and 3551 et seq. - CONTINUING CRIMINAL ENTERPRISE				
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS John Anthony Diaz 225 Broadway, Suite 715 New York, NY 10007		12. COURT ORDER: <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel <input type="checkbox"/> Y Standby Counsel		
Prior Attorney's Name: _____ Appointment Date: _____				
(A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case.				
(B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input checked="" type="checkbox"/> CO-COUNSEL				
Name of Co-Counsel or Lead Counsel: John A. Diaz Appointment Date: 9/8/2020				
(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel).				
<input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.				
s/ LaShann DeArcy Hall, U.S.D.J.				
Signature of Presiding Judge or By Order of the Court				
9/8/2020		9/8/2020		
Date of Order		Nunc Pro Tunc Date		
(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				

CLAIM FOR SERVICES AND EXPENSES

14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.

CAPITAL PROSECUTION				HABEAS CORPUS				OTHER PROCEEDING			
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other (<i>Specify</i>)						
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	gg. <input type="checkbox"/> State Court Appearance	U.S. Supreme Court	m. <input type="checkbox"/> Appeal of Denial of Stay							
c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	h. <input type="checkbox"/> Evidentiary Hearing	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of	p. <input type="checkbox"/> Clemency						
d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	i. <input type="checkbox"/> Dispositive Motions		Certiorari to the U.S.							
		j. <input type="checkbox"/> Appeal		Supreme Court Regarding							
				Denial of Stay							

HOURS AND COMPENSATION CLAIMED

FOR COURT USE ONLY

15. CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (RATE PER HOUR = \$)		0.00		IN COURT TOTAL <i>Category a</i>	IN COURT TOTAL <i>Category a</i>
b. Interviews and Conferences with Client					
c. Witness Interviews					
d. Consultation with Investigators & Experts					
e. Obtaining & Reviewing the Court Record					
f. Obtaining & Reviewing Documents and Evidence					
g. Consulting with Expert Counsel					
h. Legal Research and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
TOTALS: Categories b thru j (RATE PER HOUR =)	0.00	0.00	0.00		

CLAIM FOR TRAVEL AND EXPENSES (*Attach itemization of expenses with dates*)

GRAND TOTALS (CLAIMED AND ADJUSTED): \$ 0.00

GRAND TOTALS (CLAIMED AND ADJUSTED):

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
FROM: _____ TO: _____

19. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

20. CASE DISPOSITION

21. CLAIM STATUS Final Payment Interim Payment Number

9. APPOINTMENT TERMINATION DATE
IF OTHER THAN CASE COMPLETION

20. CASE DISPOSITION

Final Payment Interim Payment Number _____ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES

Other than from the Court, have you, or to your knowledge has anyone else, received payment (*compensation or anything of value*) from any other source in connection with this case?

Other than from the Court, have you, or to your knowledge has anyone representation? YES NO If yes, give details on

I swear or affirm the

APPROVED FOR PAYMENT **COURT USE ONLY**

APPROVED FOR PAYMENT — COURT USE ONLY				
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED \$0.00
27. SIGNATURE OF THE PRESIDING JUDGE		DATE		27a. JUDGE CODE